

2013 APR 5 PM 12:01

(TN)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GOMEZ James Benjamin

1. Office, Agency, or Court

Agency Name: City of La Habra  
Your Position: Councilmember  
Division, Board, Department, District, if applicable: City Council  
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached  
Position: Director & Trustee

2. Jurisdiction of Office (Check at least one box)

☐ State  
☐ Multi-County  
☒ City of La Habra  
☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ County of  
☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.  
☐ Assuming Office: Date assumed \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2012, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 1/28/2013  
(month, day, year)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>James Gomez</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Sam Sung Church

ADDRESS (Business Address Acceptable)

951 S. Beach Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Consultant

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

City of La Habra

ADDRESS (Business Address Acceptable)

801 E. La Habra Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

City

YOUR BUSINESS POSITION

Councilmember

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☒ Stipend      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>James Gomez</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
La Habra City School District

ADDRESS (Business Address Acceptable)  
505 North Walnut La Habra, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Teacher

YOUR BUSINESS POSITION  
Teacher (Brenda Gomez Wife)

GROSS INCOME RECEIVED

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

\_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

\_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> OVER \$100,000

INTEREST RATE \_\_\_\_\_ % ☐ None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

James Gomez

► NAME OF SOURCE (Not an Acronym)

JEFF BANG

ADDRESS (Business Address Acceptable)

1400 S. La Habra Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE

La Habra CA 90631

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6, 1, 12 \$ 230<sup>00</sup> Meals

            \$        

            \$        

► NAME OF SOURCE (Not an Acronym)

Barbara Des Rochers

ADDRESS (Business Address Acceptable)

719 N Main Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Santa Ana (L.H. Event discussion)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10, 5, 12 \$ 100<sup>00</sup> Meal

            \$        

            \$        

► NAME OF SOURCE (Not an Acronym)

Dave McCauley

ADDRESS (Business Address Acceptable)

201 E La Habra Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

(Anniversary) La Habra CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6, 26, 12 \$ 100<sup>00</sup> Gift Card Anniversary

            \$        

            \$        

► NAME OF SOURCE (Not an Acronym)

George Kesablak

ADDRESS (Business Address Acceptable)

335 West Foothill Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MONROVIE CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6, 26, 12 \$ 200<sup>00</sup> Mediterranean Grill Gift Card Meal

            \$        

            \$        

► NAME OF SOURCE (Not an Acronym)

Richard D Jones

ADDRESS (Business Address Acceptable)

3777 N Harbor / Fullerton CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

La Habra Council

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6, 26, 12 \$ 100<sup>00</sup> Mr. Stox Gift Card Anni.

10, 17, 12 \$ 135<sup>00</sup> Los Angeles De Ninos Luncheon

12, 31, \$ 150<sup>00</sup> B-Day Meal Gift Card.

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

            \$        

            \$        

            \$        

Comments: \_\_\_\_\_

## FORM 700 – ATTACHMENT

FILER'S NAME: **JAMES GOMEZ, COUNCILMEMBER**

FILING PERIOD: 1/1/12 – 12/31/12

I am filing an expanded statement as Director of the following agencies within the jurisdiction of the City of La Habra:

SUCCESSOR AGENCY TO THE LA HABRA REDEVELOPMENT AGENCY  
LA HABRA CIVIC IMPROVEMENT AUTHORITY  
LA HABRA HOUSING AUTHORITY  
LA HABRA UTILITY AUTHORITY

I am filing an expanded statement as a Delegate of the Orange County Vector Control.